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22500 7590 08/19/2004

**BAE SYSTEMS INFORMATION AND
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65 SPIT BROOK ROAD
P.O. BOX 868 NHQ1-719
NASHUA, NH 03061-0868
11/19/2004 DEMMANU2 00000074 190130 10607155**

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Gloria Abbasciano	(Depositor's name)
<i>Gloria Abbasciano</i>	(Signature)
11-12-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/607,155	06/25/2003	Michael E. Deflumere	20020043 US	5614

TITLE OF INVENTION: METHOD AND APPARATUS FOR ACTIVE BORESIGHT CORRECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	11/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALSOMIRI, ISAM A	3662	356-141100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1. <u>Robert K. Tendler</u> 2. <u>Daniel J. Long</u> 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BAE SYSTEMS INFORMATION AND ELECTRONIC SYSTEMS INTEGRATION INC. Nashua, NH

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 190130 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Date)
11/11/04

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